## **EXPRESS MAIL** CERTIFICATE OF MAILING

Patent Application for:

Applicants: Narendra K. Gupta Benjamin J. Stern

Atty. No: 2000-0163

Title: Voice-Operated Interface for DTMF-Controlled Systems

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to

> Commissioner for Patents Washington, D.C. 20231

| On   100                  |               |    |  |
|---------------------------|---------------|----|--|
| EXPRESS MAIL TRACKING NO. | EF 172 633464 | us |  |

Type or Print name of person signing this certificate: Wendy W. Koba, Esg.

Signature: Wendy W. Kola

PTO/SB/05 (08-00)

Please type a plus sign (+) inside this box -

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL** 

Attorney Docket No. First Inventor Voice-Operated DTMF-Controlled

| (Only for new nonprovisional applications under 37 CFR 1.53(b))  | Express Mail Label No. EF172633464 US  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| APPLICATION ELEMENTS   | ADDRESS TO: Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application |  |  |  |  |  |
|  |  |  |  |  |  |  |
| named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet, See 37 CFR 1.76   |  |  |  |  |  |  |
| 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of prior application No  |  |  |  |  |  |  |
| Pnor application information: Examiner Group / Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |  |  |  |  |  |  |
| 18. CORRESPONDE  |  |  |  |  |  |  |
| Customer Number or Bar Code Label  Or Correspondence address below  (Insert Customer No. or Atlach bar code label here)  |  |  |  |  |  |  |
| Name Wendy W. Koba,<br>Po Box 1556   | 828.   |  |  |  |  |  |
| Address  |  |  |  |  |  |  |
| City Springtown  | State PA Zip Code 18081  |  |  |  |  |  |
| 14 1 10-1 1 0 0  | phone 610-346-7112 Fax 610-346-8189  |  |  |  |  |  |
| Name (Print/Type) Wendy W. Koba  | Registration No. (Attorney/Agent) 30509  |  |  |  |  |  |
| Signature Wandy W. Kola  | Date 1 10 01   |  |  |  |  |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application. Washington, DC 20231.

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to re

## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

| TOTAL A | THUOMA | OF P | AYMENT |
|---------|--------|------|--------|
|---------|--------|------|--------|

(\$) 750.00

| spond to a collection of informati | on unless it displays a valid OMB control | number |
|------------------------------------|---|--------|
| Сотр                               | lete if Known                             |        |
| Application Number                 |   |        |
| Filing Date                        |   |        |
| First Named Inventor               | Gupta                                     |        |
| Examiner Name                      |   |        |
| Group Art Unit                     |   |        |
| Attorney Docket No.                | 2000-0163                                 |        |

| METHOD OF P   | AYMENT  | FEE CALCULATION (continued) |        |          |              |  |            |
|---|---|-----------------------------|--------|----------|--------------|--|------------|
| 1. The Commissioner is hereb                        |   | 3. ADDITIONAL FEES          |        |          |              |  |            |
| Deposit Deposit                                     | ny overpayments to:                           |                             | Larg   |          | Sma          |  |            |
| Account   |   | Fee                         | Entit  | y<br>Fee | Entit<br>Fee | ·  | Fee Paid   |
| Number L  |   | Code                        |        | Code     |              | Fee Description  | 1 66 1 810 |
| Account<br>Name                                     |   | 105                         | 130    | 205      | 65           | Surcharge - late filing fee or oath  |            |
| Charge Any Additional Fee Requ                      | red   | 127                         | 50     | 227      | 25           | Surcharge - late provisional filing fee or cover sheet                     |            |
| Applicant claims small entity state                 | 18  | 139                         | 130    | 139      | 130          | Non-English specification  |            |
| See 37 CFR 1.27                                     |   | 147                         | 2,520  | 147      | 2,520        | For filing a request for ex parte reexamination                            |            |
| 2. 🔀 Payment Enclosed:                              |   | 112                         | 920    | 112      | 920°         | Requesting publication of SIR prior to                                     |            |
| i Check Credit card                                 | Money Diher                                   |                             |        |          |              | Examiner action  |            |
| FEE CALCUI  | ATION   | 113                         | 1,840° | 113      | 1,840        | Requesting publication of SIR after<br>Examiner action                     |            |
| 1. BASIC FILING FEE                                 |   | 115                         | 110    | 215      | 55           | Extension for reply within first month                                     |            |
| Large Entity Small Entity                           |   | 116                         | 390    | 216      | 195          | Extension for reply within second month                                    |            |
| Fee Fee Fee Fee Fee De                              | escription Fee Paid                           | 117                         | 890    | 217      | 445          | Extension for reply within third month                                     |            |
| Code (\$) Code (\$)  10 (710) 201 355 Utility fills |   | 118                         | 1,390  | 218      | 695          | Extension for reply within fourth month                                    |            |
| 106 320 206 160 Design fi                           | 710.00  | 128                         | 1,890  | 228      | 945          | Extension for reply within fifth month                                     |            |
| 107 490 207 245 Plant filir                         | ` <del> </del>                                | 119                         | 310    | 219      | 155          | Notice of Appeal   |            |
| 108 710 208 355 Reissue                             | ·   | 120                         | 310    | 220      | 155          | Filing a brief in support of an appeal                                     |            |
|   | nal filing fee                                | 121                         | 270    | 221      | 135          | Request for oral hearing   |            |
|   |   | 138                         | 1,510  | 138      | 1,510        | Petition to institute a public use proceeding                              |            |
| SUBTO   | TAL (1) (\$) 710.00                           | 140                         | 110    | 240      | 55           | Petition to revive - unavoidable   |            |
| 2. EXTRA CLAIM FEES                                 | Fee from                                      | 141                         | 1,240  | 241      | 620          | Petition to revive - unintentional   |            |
| Extra C   |   | 142                         | 1,240  | 242      | 620          | Utility issue fee (or reissue)   |            |
| Total Claims 20** =                                 | X   | 143                         | 440    | 243      | 220          | Design issue fee   |            |
| Independent 2 - 3" = C                              | ك × لــــــا <u>- لــــــا</u>                | 144                         | 600    | 244      | 300          | Plant issue fee  |            |
| Multiple Dependent                                  |   | 122                         | 130    | 122      | 130          | Petitions to the Commissioner  |            |
|   |   | 123                         | 130    | 123      | 130          | Petitions related to provisional applications                              |            |
| Large Entity Small Entity Fee Fee Fee Fee Fee       | Description                                   | 126                         | 180    | 126      | 180          | Submission of Information Disclosure Stmt                                  |            |
| Code (\$) Code (\$)                                 |   | 581                         | 40)    | 581      | 40           | Recording each patent assignment per property (times number of properties) | 40.00      |
|   | n excess of 20<br>ident claims in excess of 3 | 146                         | 710    | 246      | 355          | Filing a submission after final rejection                                  |            |
| 104 270 204 135 Multiple                            | dependent claim, if not paid                  |                             | 740    | 2.0      | 255          | (37 CFR § 1.129(a))  |            |
|   | sue independent claims<br>original patent     | 149                         | 710    | 249      | 355          | For each additional invention to be examined (37 CFR § 1.129(b))           |            |
|   | sue claims in excess of 20                    | 179                         | 710    | 279      | 355          | Request for Continued Examination (RCE)                                    |            |
| and o   | ver original patent                           | 169                         | 900    | 169      | 900          | Request for expedited examination of a design application                  |            |
| SUBTOTAL  | _ (2) (\$) <u>(</u>                           | Other fee (specify)         |        |          |              |  |            |
| "or number previously paid, if grea                 | ter; For Reissues, see above                  | •Red                        | uced b | y Basi   | c Filing     | Fee Paid SUBTOTAL (3) (\$) 4   | 0.00       |

| SUBMITTED BY Complete (if applicable) |                 |      |                                      |       |           |              |
|---------------------------------------|-----------------|------|--------------------------------------|-------|-----------|--------------|
| Name (PrintiType)                     | Wenda W. Koba E | 'JR. | Registration No.<br>(Attorney/Agent) | 30509 | Telephone | 610-346-7112 |
| Signature                             | Wandy W. K.     | ola  |                                      |       | Date      | 1/10/01      |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.